

**DUE DATE – March 13, 2006**

**Regulatory Loan Annual Report and Financial Statement  
for the Calendar Year Ended December 31, 2005**

**WARNING: Failure to file this annual report will result in commencement of administrative action against the license.**

File the original report. This report covers transactions subject to the Michigan Regulatory Loan Act, Public Act 21 of 1939, as amended.

|                       |             |
|-----------------------|-------------|
| Full Name of Licensee | License No. |
|-----------------------|-------------|

**CERTIFICATION**

I hereby certify that I have read and knowingly made the following statements and representations and that each and every such statement and representation is true, accurate and complete to the best of my knowledge and belief. I understand that any false statement, misrepresentation, or fraud in connection with this report may be cause for revocation, suspension, or other disciplinary action against the company's regulatory loan license.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_

1. Fiscal year-end of the licensee: \_\_\_\_\_

2. List the name, title, phone number, facsimile phone number and mailing address of the person to whom correspondence regarding the license should be sent.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Business Ph Nbr: \_\_\_\_\_

Facsimile Ph Nbr: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. List addresses of all branch offices.

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4. Are any business activities conducted at any of the locations listed above which do not fall under the Michigan Regulatory Loan Act? If yes, please explain. \_\_\_ Yes      \_\_\_ No

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5. Are records pertaining to each branch maintained at that branch? If no, state at what address they are being kept. \_\_\_ Yes      \_\_\_ No

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6. Does the licensee have Internet access? \_\_\_ Yes      \_\_\_ No

7. List the Web address and e-mail address for the licensee.

Web address: 

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e-mail address: 

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8. List the names and titles of the licensee's senior management, including officers and directors if a corporation. Attach additional pages if necessary.

| NAME | TITLE |
|------|-------|
|      |       |
|      |       |
|      |       |
|      |       |

**BALANCE SHEET**

As of December 31, \_\_\_\_\_

**ASSETS**

|                                       |           |              |
|---------------------------------------|-----------|--------------|
| Cash on Hand and in Banks             | \$        | _____        |
| Net Receivable                        |           | _____        |
| Deferred Charges and Prepaid Expenses |           | _____        |
| Other Assets                          |           | _____        |
| <b>TOTAL ASSETS</b>                   | <b>\$</b> | <b>_____</b> |

**LIABILITIES AND NET WORTH**

|  |    |       |              |
|--|----|-------|--------------|
| Accounts and Notes Payable               | \$ | _____ |              |
| Bonds and Long Term Notes                |    | _____ |              |
| Expense Reserves                         |    | _____ |              |
| Other Liabilities                        |    | _____ |              |
| <b>TOTAL LIABILITIES</b>                 |    |       | <b>\$</b>    |
| Branch Office Capital                    | \$ | _____ |              |
| Capital Stock                            |    |       |              |
| Preferred                                |    | _____ |              |
| Common                                   |    | _____ |              |
| Appropriated Surplus or Capital Reserves |    | _____ |              |
| Retained Earnings                        |    | _____ |              |
| <b>TOTAL NET WORTH</b>                   |    |       | <b>_____</b> |
| <b>TOTAL LIABILITIES AND NET WORTH</b>   |    |       | <b>\$</b>    |

**STATEMENT OF INCOME AND EXPENSE**

For the Period from January 1, \_\_\_\_\_ to December 31, \_\_\_\_\_

**INCOME**

|  |           |
|--|-----------|
| Charges Collected and/or Earned                | \$        |
| Collections on Accounts Previously Charged Off |           |
| Other Income                                   |           |
| <b>TOTAL OPERATING INCOME</b>                  | <b>\$</b> |

**EXPENSES**

|  |           |
|--|-----------|
| Advertising                                | \$        |
| Bad Debts                                  |           |
| Charge Offs                                |           |
| Additions to Reserve for<br>Bad Debts      |           |
| Salaries                                   |           |
| Interest Paid                              |           |
| Other Expenses                             |           |
| Total Expenses<br>(excluding income taxes) | \$        |
| <b>INCOME BEFORE TAXES</b>                 | <b>\$</b> |
| Income taxes                               |           |
| Local                                      |           |
| Federal                                    |           |
| Total Taxes                                | \$        |
| <b>NET INCOME</b>                          | <b>\$</b> |

9. State the NUMBER of regulatory loans made in 2005. \_\_\_\_\_
10. State the DOLLAR AMOUNT of regulatory loans made in 2005. \_\_\_\_\_
11. State the NUMBER of regulatory loans outstanding as of December 31, 2005. \_\_\_\_\_
12. State the DOLLAR AMOUNT of regulatory loans outstanding as of December 31, 2005. \_\_\_\_\_

### **Reminders before mailing this report**

- Have all pages of the report been completed?
- Has the report been properly signed and dated?
- Submit the original report to OFIS.
- A report received by OFIS after March 13, 2006 will be subject to a late penalty of \$50.00 for each day the report is delinquent.
- The original completed report should be mailed to:  
**Consumer Finance Section  
Office of Financial and Insurance Services  
P.O. Box 30220  
Lansing, Michigan 48909-7720**

For delivery requiring a street address send to:  
**Consumer Finance Section  
Office of Financial and Insurance Services  
611 West Ottawa Street Floor 3  
Lansing, Michigan 48933**



#### **Michigan Department of Labor & Economic Growth**

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Visit OFIS online at: [www.michigan.gov/ofis](http://www.michigan.gov/ofis) Phone OFIS toll-free at: 1-877-999-6442